

FREQUENTLY ASKED QUESTIONS

For Individuals & Families

What is Maryland Health Connection?

Maryland Health Connection is our state's new health insurance marketplace that will make it easier for Marylanders to shop, compare and enroll in quality health plans. Maryland Health Connection is opening October 1, 2013 for individuals and families and April 1, 2014 for small businesses.

Who can enroll in coverage through Maryland Health Connection?

Legal residents of Maryland who don't have affordable health insurance, or who can't find it through work or on their own, will have access to coverage through Maryland Health Connection.

Why did Maryland create Maryland Health Connection?

Maryland Health Connection was established to make health insurance affordable and accessible for all Maryland residents, including the approximately 800,000 or 14 percent of Maryland's 5.8 million residents who do not have health coverage today.

Why is it important to have health insurance?

Having health insurance gives you protection and peace of mind if you or a family member becomes sick or has an accident. If something happens, you'll be able to get health care without worrying about running up bills that you can't pay. Medical debt is one of the main reasons why people file for bankruptcy. Health insurance also provides access to preventive care for you and your family to help maintain health and prevent illness.

If I am healthy and young, why should I even have health insurance? If I enroll, money will be coming out of my paycheck, which is money I could use for other things.

It is important to take responsibility for your health. A catastrophic illness or a serious accident that requires hospitalization could mean an untold amount of medical bills that result in debt. Medical debt is a leading cause of bankruptcy. Although you will pay monthly premiums when you enroll, health insurance will give you peace of mind so if you are injured or become sick you can afford quality care. You may qualify for help paying for your health care costs; depending on your income and family size.

What if I have an illness or disability? Can I still get health insurance?

Yes, starting in 2014, no one can be denied health coverage because of a pre-existing condition. At MarylandHealthConnection.gov you can shop, compare and enroll all in one place.

If I have health insurance now, will I have to use Maryland Health Connection?

No, not if you have health coverage through work or through a policy you bought on your own. But if you lose your current plan for any reason, you'll be able to find quality health insurance that fits your budget through Maryland Health Connection.

For Individuals & Families

If I already have Medicaid, what should I do?

If you or your child are currently enrolled in Medicaid, you do not need to do anything. You will be contacted when it is time to renew your coverage. In 2014, you will be able to renew your Medicaid coverage through Maryland Health Connection.

What happens to me if I am currently getting coverage under the Primary Adult Care Program (PAC)?

If you are currently enrolled in PAC, you will be automatically transferred to Medicaid under the new Medicaid expansion in the State of Maryland. You will receive notice prior to January 1, 2014 of this change. You will also receive a red and white Medical Assistance card and a HealthChoice card from the MCO you choose.

What happens to me if I am currently covered under the Maryland Health Insurance Plan (MHIP)?

The Maryland Health Insurance Plan (MHIP) is the state and federal insurance plan for individuals with pre-existing health conditions. MHIP will be in touch with its members directly to inform you of your options. MHIP members will be able to shop for new plans at Maryland Health Connection beginning October 1, 2013. It is important to remember that beginning 2014, no one can be denied coverage because of a pre-existing condition. You may also be eligible for financial assistance through Maryland Health Connection.

Can I purchase Medicare medical coverage through Maryland Health Connection?

No. Maryland Health Connection will offer private insurance plans and public health programs like Medicaid and Maryland Children's Health Program (MCHP) for individuals 18–64 years of age.

What if I have never had health insurance before?

You may be eligible for health insurance even if you have never had it before. You may also be eligible even if your coverage has lapsed. You may qualify for financial assistance to make private insurance more affordable or you may be eligible for coverage under the new Medicaid expansion. MarylandHealthConnection.gov is the one place you can go to find out what you qualify for, shop, compare and enroll all in one place.

Do I have to use Maryland Health Connection to get insurance in Maryland?

No, however, Maryland Health Connection is the only place where you will be able to access financial assistance to pay for your health coverage costs. You can also apply for Medicaid and other public health programs beginning in October 2013 for individuals and families and April 2014 for small businesses.

Do I have to purchase health insurance? Is it required?

Yes. By law, under the Affordable Care Act, most people over age 18 must have health insurance beginning in 2014 or pay a fine. If you have Medicaid or Medicare coverage, that meets the requirements under the law.

For Individuals & Families

What does Maryland Health Connection look like and how does it work?

If you need health coverage you can go to MarylandHealthConnection.gov to: shop, compare, and enroll in a plan that best meets you and your family's needs; see if you are eligible for financial assistance to help cover insurance costs; see if you or a family member qualifies for public health programs, such as Medicaid and Maryland Children's Health Program (MCHP); link to a call center for assistance and find other resources to help.

When can I start using Maryland Health Connection?

Maryland Health Connection is open now for individuals and opens April 1, 2014 for small businesses. You can shop, compare plans and enroll all in one place online. Your health coverage could begin as early as January 1, 2014. Open enrollment for private individual or family insurance ends on March 31, 2014. Enrollment in Medicaid is on-going throughout the year.

What kind of benefits will I get under the insurance plans offered through Maryland Health Connection?

The core benefits that all health plans must offer include doctor visits, hospitalization, emergency care, maternity care, pediatric care, prescriptions, medical tests, mental health care, substance abuse treatment and more. These are known as Essential Health Benefits through the Affordable Care Act. Plans must cover preventive care at no extra cost to you, including flu and pneumonia shots, birth control, routine vaccinations, and cancer screenings such as mammograms and colonoscopies.

How many health plan choices will I have?

There will be four insurance companies in Maryland offering many different medical and dental plans and seven Managed Care Organizations (MCOs) for Medicaid. The cost of your plan depends on the one you select and your current situation, such as family size and income. You can shop and compare plans in one place at MarylandHealthConnection.gov to find a plan that fits your budget.

How will I know how much a plan will cost?

You will be able to see what your premium, deductibles and out-of-pocket costs will be before you decide to enroll. The online marketplace allows you to look at the specific plans offered and find the one that's right for you based on your family size and income.

What kind of help is available to help lower the cost of insurance?

You may qualify for help paying for your health care costs, depending on your income and family size. The online application process will help you determine if you qualify for financial assistance to reduce the cost of your monthly insurance premiums. Even if you never qualified for Medicaid before you may be eligible through the expansion of Medicaid in Maryland.

How much will the tax credit help me? How will it work?

Beginning in 2014, tax credits may help reduce the cost of your monthly insurance premiums depending on your income and family size. The online application process will help you determine if you qualify for financial assistance to reduce the cost of your monthly insurance premiums.

For Individuals & Families

If I enroll in one of the Qualified Health Plans, am I getting government insurance?

No. Maryland Health Connection is not an insurance carrier. The State's role is to create a marketplace where consumers can shop, compare and enroll in commercial insurance plans as well as determine eligibility for Medicaid. The State will monitor the insurance marketplace to protect consumers.

What if I have questions and I can't decide?

Maryland Health Connection has a consumer assistance program to help you along the way. In addition to the one-stop shop online at MarylandHealthConnection.gov, you can access help through the consumer service center by phone and get in-person assistance from one of many local organizations located across the state.

I am offered coverage through my employer, but it is too expensive—can I apply through Maryland Health Connection?

You can always apply for health insurance through Maryland Health Connection. However, if your employer offers you insurance and it meets minimum value health coverage, as well as the requirements for affordability that the employer must meet (no more than 9.5 percent of your income), you will not be eligible for the financial assistance through Maryland Health Connection.

Medicaid

Is the Medicaid expansion a new program?

No. It is the same program, the only change is that income guidelines are expanding so more people will be eligible to receive Medicaid benefits. Benefits will remain the same for all Medicaid recipients.

If an applicant applies prior to January 2014 using Maryland Health Connection and is eligible for Medicaid, what will happen to their application?

If someone applies in October, November, or December 2013 and is found eligible for Medicaid in Maryland Health Connection, their coverage will be effective January 1, 2014.

After October 1, how do people get coverage for October, November, and December?

If a person needs coverage before January 1, 2014, they should go to a local Health Department or local Department of Social Services and complete a regular Primary Adult Care (PAC) Program or Medicaid application.

When can people enroll in Medicaid? Only during open enrollment?

Medicaid is available year-round and not subject to an open enrollment period.

If everything on the application matches information in the federal and state data sources, will the application be determined in real-time? If the data doesn't match what's reported?

If required verifications are available from federal and state databases and there are no major discrepancies between that and what is reported, a real-time determination can be made. If there is a major discrepancy, the system will request additional documentation from the applicant.

How soon will coverage become effective if an applicant applies for Medicaid at a local department of social services (DSS) or a local health department (LHD)?

DSS and LHD eligibility workers will use Maryland Health Connection. If the applicant applies on or after January 1, 2014 and is found eligible, they can begin using coverage immediately through fee-for-service Medicaid.

How can the public get details on the benefits available in Medicaid?

Go to the Department of Health and Mental Hygiene's Medical Care Programs' website: <https://mmcp.dhmh.maryland.gov/SitePages/Home.aspx>.

Medicaid

Is retroactive Medicaid coverage available?

Retroactive Medicaid coverage rules will not change and will still be available after 2014. For people applying through Maryland Health Connection in October, November, or December, coverage will not start until January 1, 2014. If an applicant is in need of retroactive coverage during this time, the applicant should contact their Local Department of Social Services or Local Health Department.

Does the newly expanded Medicaid Program have an asset limit?

No, there is no asset limit for the Modified Adjusted Gross Income (MAGI) group.

How will renewals, also known as redeterminations, be handled next year for current Medicaid recipients?

Redeterminations will be made in Maryland Health Connection for MAGI groups. All other redeterminations, including community-based waivers and long-term services and supports, will be completed using current methods.

If someone applies online at home and additional verification is required, where will they be told to send that information?

The applicant will have multiple options and will be instructed where to send information at the time of application. The options include sending documents by email to a provided address, by fax to a provided number, by mail to the address provided, or bringing them in-person to a DSS or LHD.

If a person needs to send documentation, will they be enrolled but still have to follow-up with documentation? Or would no determination be made until documentation is received?

If the only outstanding piece of documentation pertains to citizenship, the applicant will receive temporary eligibility for 90 days or until documentation is finalized. Otherwise, for outstanding issues, such as income, a determination of eligibility cannot be made until documentation is returned.

Can pregnant woman still have both private insurance and Medicaid?

Pregnant women can have both employer-sponsored insurance and Medicaid, but not a qualified health plan (QHP) and Medicaid.

Is dental coverage for children included in Medicaid benefits?

Yes. Dental coverage for children will remain the same.

Will there be co-insurance or co-pays for children's dental coverage in Medicaid?

There will be no out-of-pocket costs for children's dental coverage in Medicaid. More info is available at <http://www.dentaquest.com/state-plans/regions/maryland/>.

Medicaid

How will dental be covered for those over the age of 21?

Limited dental coverage will be offered for adults at the discretion of each Managed Care Organization (MCO). Adults in Rare and Expensive Case Management (REM) and pregnant women will continue to receive dental coverage.

Will there still be a six-month penalty for children who elect to drop private insurance to enroll in Maryland Children's Health Program (MCHP)?

No.

How will newly eligible Medicaid recipients choose an MCO?

Newly eligible Medicaid recipients will be allowed to shop for an MCO immediately if they are applying through Maryland Health Connection. If they have not selected an MCO within twenty-eight days of being found eligible, they will be auto-assigned one.

What information about Medicaid MCOs will an applicant be able to review when choosing a plan online?

Applicants will have the same information available for selecting an MCO as they do today. The HealthChoice report card and a comparison chart is available online at www.MarylandHealthConnection.gov.

Will Medicaid applicants receive a packet of information from their MCO following enrollment?

Yes, recipients will receive a packet of information from their MCO after enrolling.

Will there be an open enrollment every year to enroll or change Medicaid MCOs?

Applicants to Medicaid can apply at any point in the year because there is no open enrollment period for this program. Medicaid recipients will have an annual right to change MCOs if they so choose.

How will Medicaid recipients be auto-assigned an MCO?

If the recipient was in an MCO within the last 120 days, then they will go back into the previous MCO if there are slots available; if not, they will be randomly assigned. If the recipient is new to Medicaid or it has been more than 120 days since they were enrolled in an MCO, the recipient will be randomly assigned to an MCO. If the recipient is a newborn, the child will be assigned to their mother's MCO.

How will PAC enrollees be notified when they are enrolled in Medicaid? Will they receive new cards in the mail?

PAC enrollees will receive notice prior to January 1, 2014. They will receive a red and white Medicaid card and a HealthChoice card from their MCO.

How long do the PAC members have to transfer to a different MCO when they are moved to Medicaid?

PAC members will have 90 days to change MCOs.

Will those who claim a disability still be required to apply for Social Security benefits?

Yes.

Will providers who currently do not accept Medicaid be required to accept it?

No.

If an individual is found eligible for Medicaid, can a doctor's office bill for services immediately?

Yes. Medicaid coverage will be effective back to the first day of the month in which the applicant applied. The recipient will receive an identification number immediately so a provider can bill Medicaid through fee-for-service.

What coverage will be available to undocumented individuals?

Undocumented individuals will not be eligible for Medicaid. They can continue to use safety net programs.